



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER  
DIRECTOR

October 21, 2015

Sarah Mapili  
Touch of Care, LLC  
2997 Powderhorn Ridge Rd.  
Rochester Hills, MI 48309

RE: Application #: AS630370904  
Touch of Care, LLC  
2671 Windsor Drive  
Troy, MI 48085

Dear Ms. Mapili:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

*Felicia Townsend*

Felicia Townsend, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4298

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630370904
<b>Applicant Name:</b>	Touch of Care, LLC
<b>Applicant Address:</b>	2997 Powderhorn Ridge Rd. Rochester Hills, MI 48309
<b>Applicant Telephone #:</b>	(248) 495-0493
<b>Administrator/Licensee Designee:</b>	Sarah Mapili
<b>Name of Facility:</b>	Touch of Care, LLC
<b>Facility Address:</b>	2671 Windsor Drive Troy, MI 48085
<b>Facility Telephone #:</b>	(248) 495-0493
<b>Application Date:</b>	12/26/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED

## II. METHODOLOGY

12/26/2014	Enrollment
01/12/2015	Application Incomplete Letter Sent FP&1326/Sarah.
01/12/2015	Contact - Document Sent Act & Rules.
01/27/2015	Application Complete/On-site Needed
01/27/2015	File Transferred To Field Office Pontiac.
01/29/2015	Contact - Document Received Licensing file received from Central Office 1/29/15
02/12/2015	Application Incomplete Letter Sent
07/07/2015	Inspection Completed On-site
07/07/2015	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Rule/Statutory Violations

Touch of Care, LLC is located 2671 Windsor Drive, Troy, MI 48085. The home is a ranch style brick home located in a suburban area of similar construction homes and has a two car attached garage. To the left of the main entrance of the home are the bedrooms and bathrooms. To the right of the main entrance is the family room. There is a short hallway from the main entrance that leads to the living room and then the dining room. To the right of the dining room are the kitchen and the furnace room. The home utilizes public water and sewage through the City of Troy.

The home is not equipped with a basement. The heating plant unit contains the furnace and hot water tank that is attached and to the left of the family room.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.5' x 10	115	1
2	10'5" x 14'	147	2
3	11' x 9'	99	1
4	14'5" x 11'	159.50	2

Measurements were taken of the indoor living space and are as follows: The living room measured 24' x 14' or 336 square feet and the dining room measured 10 x 10 or 100 square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facilities licensed capacity.

## **B. Program Description**

Touch of Care, LLC submitted an application for an original license on December 26, 2014 for a small group home. The licensee designee and administrator for Touch of Care, LLC is Sarah Jean Mapili. The application indicates that the home will accept both males and females, 60 years of age and up. The population served will include aged and physically handicapped. Residents can be ambulatory or non-ambulatory as the home is barrier free in design.

Touch of Care, LLC intends to provide 24-hour supervision, protection and personal care to six residents. The program will include social interaction, meal preparation, money management, community activities, medication administration and scheduling, monitoring and transportation to medical appointments. The program is designed to meet the needs, interests and abilities of the residents.

In addition to the above program elements, it is the intent of Touch of Care, LLC to utilize local community resources for recreational activities including the library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

Touch of Care, LLC is a "Domestic Limited Liability Company" established in Michigan on November 14, 2014. Ms. Mapili submitted documents including articles of incorporation, organizational chart, and a list of the board of directors. Ms. Mapili also submitted financial documents the projected budget for the home.

Ms. Sarah Jean Mapili is designated as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Mapili were completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Mapili also submitted statements from a physician documenting her good health and current negative tuberculosis test results.

Ms. Mapili is the President/Treasurer of Touch of Care, LLC and has been providing person care and supervision i.e. administering medication, hygiene, meal preparation, to her elderly mother and her in-laws for over 11 years. Ms. Mapili submitted documentation of various trainings she has participated in within the last year.

The staffing pattern for the original license of this 6 bed facility is adequate. Ms. Mapili acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Mapili has indicated that direct care staff will be awake during sleeping hours.

Ms. Mapili acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Mapili acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Mapili acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Mapili acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Mapili acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Mapili acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Mapili acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Mapili acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Mapili acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Mapili acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by Touch of Care, LLC.

Ms. Mapili acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Mapili acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Mapili acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

**There was no rule or statutory violations at the final inspection.**

**IV. RECOMMENDATION**

I recommend issuance of a six month temporary license for this facility.

*Felicia Townsend*

10/21/2015

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Felicia Townsend  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

10/21/2015

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Denise Y. Nunn  
Area Manager

Date